

Moving Forward in 2022



20 Years of Health Data Trends for Asian Communities in Utah



A Report Produced by the Utah Department of
Health Office of Health Disparities



UTAH DEPARTMENT OF
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Acknowledgements	2
Overview	3
Asian Populations in Utah	5
Overview of Health Disparities Among Asian Populations in Utah	6
Figure 1: Overview of health disparities trends among Asian populations in Utah, from 2000–2019 data	6
Figure 2: Health disparity and health trends for Asian populations in Utah, from 2000–2019 data	7
Figure 3: Health trends for Utah’s Asian populations where no health disparities were detected, from 2000–2019 data	8
Health Status Indicators	9
Socio-Demographics	9
Access to Health Care and Health Status	11
Preventive Services	13
Physical Activity and Nutrition	16
Health of Mothers and Infants	21
Risk Factors	23
Injuries	25
Infectious Diseases	27
Chronic Diseases	29
Cancer	32

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Acronyms and Abbreviations

ACS	American Community Survey
BRFSS	Behavioral Risk Factor Surveillance System
IBIS	Indicator-Based Information System
N/A	Not applicable
UDOH	Utah Department of Health

This Moving Forward profile was constructed using data from the 2005, 2010, 2015, and 2021 editions of the Utah Health Status by Race and Ethnicity reports, published by the Utah Department of Health Office of Health Disparities. It is one of five Moving Forward in 2022 profiles which provide line graphs to illustrate specific health indicators and health risk factors for the racial and ethnic minority populations in Utah, namely people who are American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino. These profiles can serve as a useful tool for agencies and organizations interested in health disparities reduction in Utah as they work from a health equity mindset. The information presented helps promote data-supported decisions on priorities and future activities aimed at health status improvement in Utah populations.

Data Notes

Health status change was considered for each indicator for the full 20-year time period covering data reported from 2005 through 2021 (except in cases where data points for specific years were not available). Data from 2000–2004 were reported in Utah Health Status by Race and Ethnicity 2005. Data from 2005–2009 were reported in Utah Health Status by Race and Ethnicity 2010. Data from 2010–2014 were reported in Utah Health Status by Race and Ethnicity 2015. Data from 2015–2019 were reported in the 2021 edition of Utah Health Status by Race and Ethnicity. Due to the Utah Department of Health response to the COVID-19 pandemic, the report, Utah Health Status by Race and Ethnicity 2020, was postponed until 2021. Throughout this profile, the years “2005,” “2010,” “2015,” and “2021” refer to the publication dates of the Utah Health Status by Race and Ethnicity report, and not the exact year the presented data were collected. Data sources and years are listed below each graph. The actual years of data analysis vary depending on data availability and reliability. For some indicators during some years of data collection, Asian and Native Hawaiian/Pacific Islander populations were combined at the point of data collection. In those instances, the data are not presented as they are not compatible with data for the Asian population alone.

For further reference, links to the Utah Health Status by Race and Ethnicity 2005, 2010, 2015, and 2021 reports are provided below.

Utah Health Status by Race and Ethnicity 2005

Utah Health Status by Race and Ethnicity 2010

Utah Health Status by Race and Ethnicity 2015

Utah Health Status by Race and Ethnicity 2021

Health Disparities and Health Equity

Health disparities are more than just differences in health outcomes. They are differences in health outcomes closely linked to economic, environmental, geographic, and socio-cultural disadvantage. A health disparity is identified with respect to an indicator in question when the group being analyzed is generally considered to be at economic, socio-cultural, environmental, and geographic disadvantage compared with a reference group. The reference group used in this report is Utah's overall population.

Health equity is the principle underlying commitment to reduce and, ultimately, eliminate health disparities by addressing their determinants.

Health Disparity Gap

For the purpose of this report:

- "Health Disparity Gap" is defined as the numerical difference between two values of the same indicator. The first value represents the overall population and the second value represents a specific racial/ethnic minority group.
- The health disparity gap increases when the difference between the overall population and the specific minority group for 2021 is generally larger than the years before. Newly emerging health disparity gaps are identified for indicators where health disparities were not found before.
- The health disparity gap persists when the difference between the overall population and the specific minority group for 2021 is generally the same compared with the years before.
- The health disparity gap decreases when the difference between the overall population and the specific minority group for 2021 is generally smaller than the years before.
- If a racial/ethnic minority group is doing better than the overall population, there is no health disparity.
- The health disparity gap for each indicator in this report is identified as "Increasing," "Persistent," "Decreasing," or "Emerging."
- The health trend for each indicator presented in this report is identified as "Worsening" if a health indicator shows a health status generally becoming worse over time, "Stable" if a health indicator shows a health status generally staying constant over time, or "Improving" if a health indicator shows a health status generally becoming better over time.

Please note: The improvement in a health indicator over the years does not necessarily indicate a health disparity gap is closing. For example, if a racial/ethnic minority group is doing well and the overall population is doing equally well, the health status will improve; however, the health disparity gap will remain.

Asian Populations in Utah

There are more than 110,000 members of Asian communities residing in Utah¹—with people of Chinese, Filipino, and Japanese ancestry comprising approximately half of Asian populations, followed by communities with Indian, Vietnamese, Korean, Thai, and Laotian ancestries. Smaller communities who are Pakistani, Nepali, Bhutanese, Indonesian, Hmong, and other groups also call Utah home. At 5.3%, Salt Lake County has the state’s highest proportion of Asian populations.² Asian communities in Utah are growing—increasing by 58% between 2010 and 2019.³ Approximately 55,000 or nearly 50% of Asian persons who live in Utah are foreign born.⁴

Significant diversity exists within the Asian race category, and the use of such a broad category will, at times, mask health disparities among small subgroups. Collecting more granular race and ethnicity data helps to better illuminate health disparities.

Health Status

Asian populations in Utah are sometimes viewed as overall “healthy” communities. In Utah, Asian populations have relatively lower rates of risk factors such as obesity, smoking, drinking, and chronic diseases and higher rates of preventive behaviors such as daily vegetable consumption and annual flu shots. Overall, a high life expectancy at birth, lower poverty rates, and better health insurance coverage also contribute to a healthy image. However, data over the past 20 years indicates the health disparity gap in Asian populations in Utah has increased in the following indicators: no primary care provider, mammograms, no physical activity, daily folic acid consumption, low birth weight, preterm birth, diabetes prevalence, and colorectal cancer incidence. In addition, health disparity gaps persist in the areas of poverty, child poverty, prostate cancer and colon cancer screenings, Pap testing, first trimester prenatal care, and tuberculosis incidence.

[1] U.S. Census Bureau 2015-2019 ACS 5-Year Estimates, Table B02018, "Asian Alone or In Any Combination by Selected Groups"

[2] U.S. Census Bureau 2015-2019 ACS 5-Year Estimates, Table DP05, ACS Demographic and Housing Estimates

[3] U.S. Census Bureau 2006-2010 & 2015-2019 ACS 5-Year Estimates, Table DP05, ACS Demographic and Housing Estimates

[4] U.S. Census Bureau 2015-2019 ACS 5-Year Estimates, Table B05002, Place of Birth by Nativity and Citizenship Status

Overview of Health Disparities Among Asian Populations in Utah

Figure 1 presents an overview of health disparities and health disparities trends among Asian populations in Utah. Of 50 indicators analyzed, 16 show health disparities for Asian populations when compared with Utah overall.

Figure 1: Overview of health disparities trends among Asian populations in Utah, from 2000–2019 data

No Health Disparity	Health Disparity Gap Decreasing	Health Disparity Gap Stable	Health Disparity Gap Increasing
Life Expectancy at Birth	Poverty	Child Poverty	No Primary Care Provider
No Health Insurance	Prostate Cancer Screening	Colon Cancer Screening	Mammograms*
Recent Poor Mental Health	First Tri. Prenatal Care	Pap Testing	No Physical Activity
Fair or Poor Health	Tuberculosis Incidence		Daily Folic Acid Consump.
Routine Medical Checkup			Unintended Pregnancy
Cholesterol Screening			Low Birth Weight
Flu Shot			Preterm Birth
Overweight or Obesity			Diabetes Prevalence
Daily Fruit Consumption			Colorectal Cancer Incidence
Daily Veg. Consumption			
Births to Adolescents			
Postpartum Depression			
High Blood Pressure			
Current Cigarette Smoking			
Binge Drinking of Alcohol			
Heavy Drinking of Alcohol			
Unintentional Injury Deaths			
Vehicle Crash Deaths			
Suicide			
Chlamydia Incidence			
Gonorrhea Incidence			
Arthritis Prevalence			
Asthma Prevalence			
Diabetes Deaths			
Coronary Heart Dis. Deaths			
Stroke Deaths			
Lung Cancer Incidence			
Lung Cancer Deaths			
Colorectal Cancer Deaths			
Breast Cancer Incidence			
Breast Cancer Deaths			
Prostate Cancer Incidence			
Prostate Cancer Deaths			
Infant Mortality			

*The health disparity gap for this indicator has been classified as “Emerging” due to identification of a newly emerging health disparity.

Of 50 indicators measured for Asian populations, 16 indicators detected a health disparity gap, where the health status of Asian populations was worse than the overall Utah population. Health disparity gaps result from different underlying reasons, so it is useful to know the health trends of the population over time. A health disparity gap can exist while the underlying health status of a racial/ethnic minority population either worsens, remains stable, or improves over time. Figure 2 catalogues indicators with health disparity gaps cross referenced by improving, stable, and worsening underlying health trends for Asian populations over time.

Figure 2: Health disparity and health trends for Asian populations in Utah, from 2000–2019 data

		Health Disparity		
		Decreasing	Stable	Increasing
Health Trend	Improving	<ul style="list-style-type: none"> ► Poverty ► Tuberculosis Incidence 	<ul style="list-style-type: none"> ► Child Poverty ► Colon Cancer Screening 	
	Stable	<ul style="list-style-type: none"> ► First Trimester Prenatal Care 		<ul style="list-style-type: none"> ► Unintended Pregnancy
	Worsening	<ul style="list-style-type: none"> ► No Physical Activity ► Prostate Cancer Screening 	<ul style="list-style-type: none"> ► Pap Testing 	<ul style="list-style-type: none"> ► No Primary Care Provider ► Mammograms* ► Daily Folic Acid Consumption ► Low Birth Weight ► Preterm Birth ► Diabetes Prevalence ► Colorectal Cancer Incidence

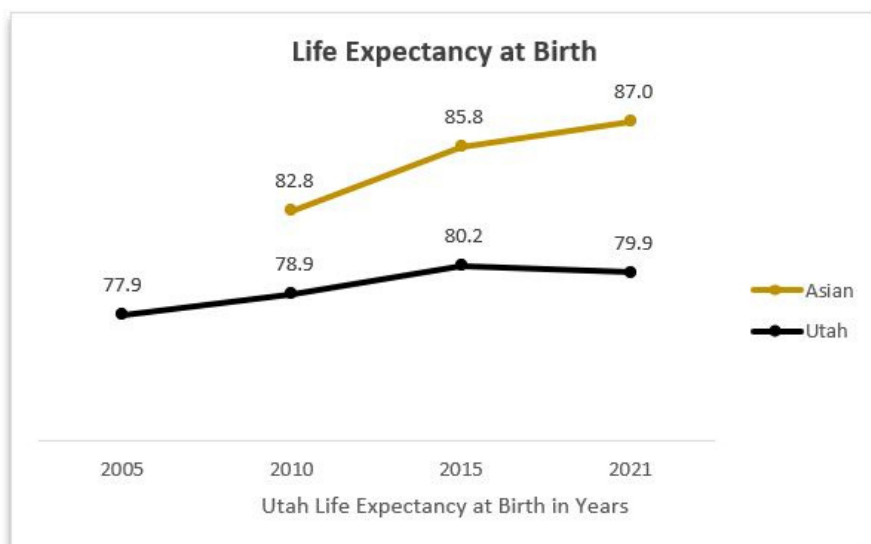
**The health disparity gap for this indicator has been classified as “Emerging” due to identification of a newly emerging health disparity.*

For Asian populations in Utah, no health disparities were detected in 34 of 50 indicators. However, it is still important to monitor the health trends of these indicators, as some are worsening over time. The health trend of an indicator reports whether the health status of the population for a particular indicator is improving, stable, or worsening over time. Figure 3 presents the health trends of indicators for the Asian population where there were no health disparities.

Figure 3: Health trends for Utah’s Asian populations where no health disparities were detected, from 2000–2019 data

Health Trend		
Improving	Stable	Worsening
<ul style="list-style-type: none"> ▶ Life Expectancy at Birth ▶ No Health Insurance ▶ Blood Cholesterol Screening ▶ Births to Adolescents ▶ Postpartum Depression ▶ High Blood Pressure ▶ Cigarette Smoking ▶ Unintentional Injury Death ▶ Vehicle Crash Deaths ▶ Asthma Prevalence ▶ Diabetes Deaths ▶ Coronary Heart Disease Deaths ▶ Stroke Deaths ▶ Invasive Lung Cancer ▶ Lung Cancer Death ▶ Colorectal Cancer Deaths ▶ Breast Cancer Incidence ▶ Breast Cancer Deaths ▶ Prostate Cancer Incidence ▶ Prostate Cancer Deaths 	<ul style="list-style-type: none"> ▶ Suicide 	<ul style="list-style-type: none"> ▶ Routine Medical Checkup ▶ Fair or Poor Health ▶ Recent Poor Mental Health ▶ Flu Shot ▶ Overweight or Obesity ▶ Daily Fruit Consumption ▶ Daily Vegetable Consumption ▶ Infant Mortality ▶ Binge Drinking of Alcohol ▶ Heavy Drinking of Alcohol ▶ Chlamydia Incidence ▶ Gonorrhea Incidence ▶ Arthritis Prevalence

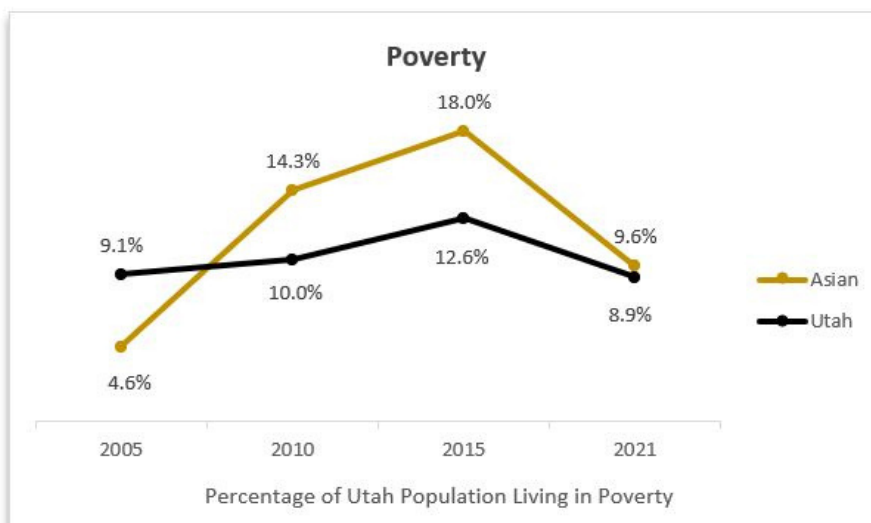
Socio-Demographics



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

The life expectancy at birth in 2021 for Asian populations is seven years greater than the life expectancy at birth for Utah overall and has been higher for the past decade. The life expectancy at birth for both populations has been generally increasing.

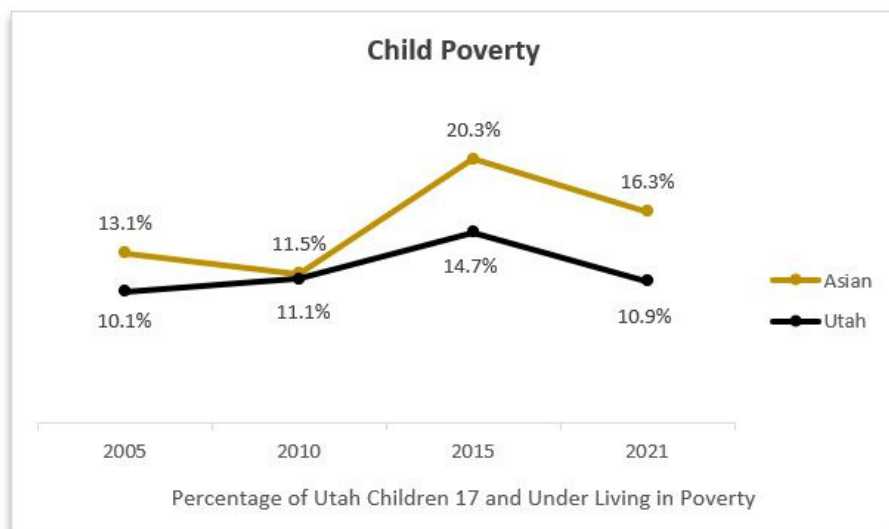
Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Office of Public Health Assessment, Death data from Utah Death Certificate Database, 2004–2008. Population Estimate: Office of Public Health Assessment, 2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records & Statistics, UDOH. Population Estimates by Age, Sex, Race & Hispanic Origin for Counties in Utah, US Census, IBIS version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records & Statistics, UDOH. Population Estimates by Age, Sex, Race & Hispanic Origin for Counties in Utah, US Census, IBIS version 2019.



Health Disparity: **Yes**
 Health Disparity Gap: **Decreasing**
 Health Trend: **Improving**

The poverty rate among Asian populations was half that of Utah overall in 2005, then rose to a high of 18.0% in 2015. Since then, the poverty rate has decreased in both populations. It is decreasing at a faster rate among Asian populations, closing the disparity gap.

Sources— 2005 Report: US Census Bureau, US Census 2000; 2010 Report: US Census Bureau, American Community Survey, 2006-2008; 2015 Report: US Census Bureau, American Community Survey 2013; 2021 Report: US Census Bureau, US Census ,2019: American Community Survey 5-Year Estimates Tables B17001, B17001C, B17001D, B17001B, B17001E, B17001H, and B17001I

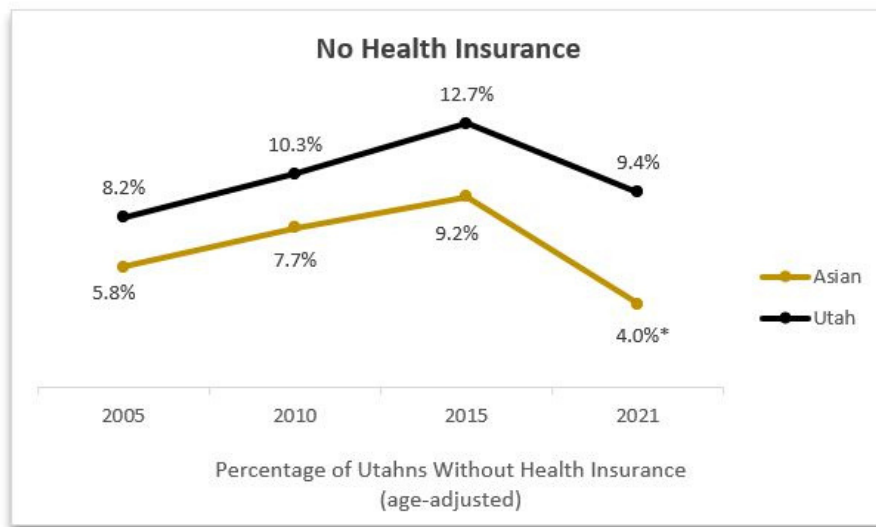


Health Disparity: **Yes**
 Health Disparity Gap: **Persistent**
 Health Trend: **Improving**

The child poverty rate among Asian populations was higher than the Utah child poverty rate in the past 16 years. It rose to a high of 20.3% in Asian populations in 2015. Since then, the child poverty rate has decreased in both populations, yet a disparity gap persists.

Sources—2005 Report: US Census Bureau, US Census 2000; 2010 Report: US Census Bureau, American Community Survey, 2006-2008; 2015 Report: US Census Bureau, 2009-2013 American Community Survey 5-Year Estimates; 2021 Report: US Census, 2019: American Community Survey 5-Year Estimates Tables B17001, B17001C, B17001D, B17001B, B17001E, B17001H, and B17001I

Access to Health Care and Health Status

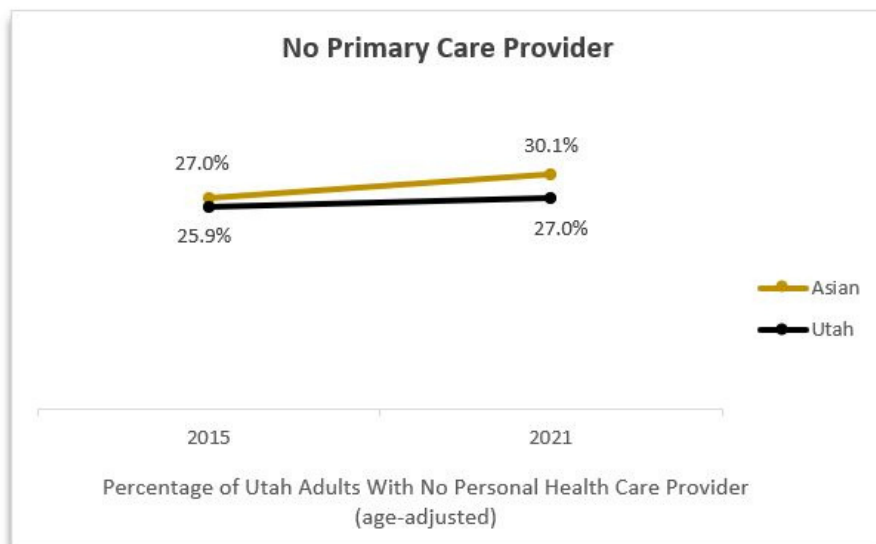


Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Improving

Since 2005, Asian populations had lower rates of no health insurance, and thus better health insurance coverage, compared with the Utah population overall. There is no health disparity for this indicator.

**Insufficient relative standard error to meet UDOH standard for data reliability, interpret with caution.*

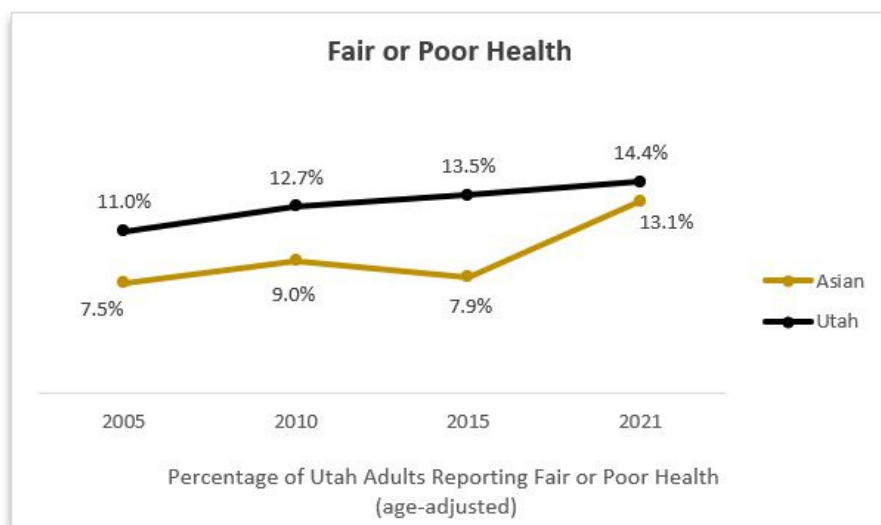
Sources—2005 Report: UDOH, 2001 Utah Health Status Survey; 2010 Report: Utah Healthcare Access Survey. Population Estimates – UDOH Office of Public Health Assessment, 2007; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS. Population estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS. US Census Bureau, Population estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



Health Disparity: Yes
Health Disparity Gap: Increasing
Health Trend: Worsening

More than one-quarter of the overall Utah adult population has no primary care provider (PCP), and the figure for Asian adult populations is 30.1%. A higher proportion of Asian populations do not have a PCP compared with Utah overall, and this trend is increasing over time.

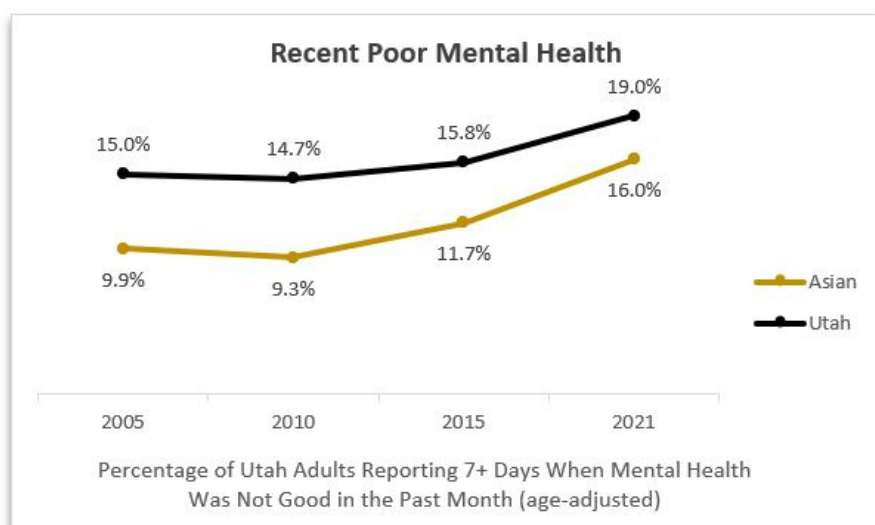
Sources—2015 Report: Utah Healthcare Access Survey. Population Estimates - UDOH Office of Public Health Assessment, 2007. 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population estimates averaged from 2016–2019 American Community Survey 1-Year Estimates.



Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Worsening

The percentage of Asian populations reporting “fair or poor health” has consistently been lower than the percentage for the Utah overall during the last 20 years. However, this indicator has worsened over the years in both populations.

Sources—2005 Report: UDOH, 2001 Utah Health Status Survey; 2010 Report: BRFSS. Population Estimates, UDOH Office of Public Health Assessment, 2005 – 2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS. US Census Bureau, Population Estimates, 2011-2013 ACS 3-Year Estimates. 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS. US Census Bureau, Population Estimates, 2011-2013 American Community Survey.

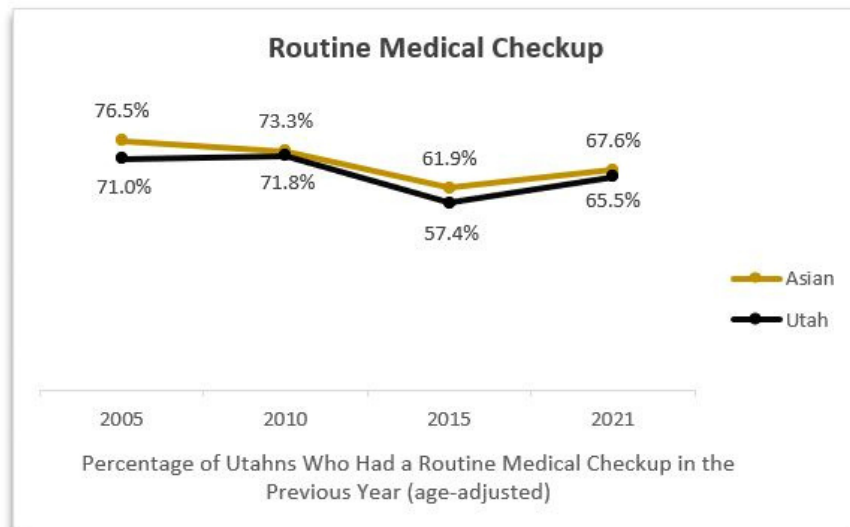


Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Worsening

Rates of recent poor mental health are consistently lower among Asian populations compared with Utah overall. However, recent poor mental health rates have increased in both groups and is increasing faster in Asian populations compared with Utah overall.

Sources—2005 Report: BRFSS; 2010 Report: BRFSS. Population Estimates - UDOH Office of Public Health Assessment, 2005 – 2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS. Population Estimates - US Census, 2011-2013 American Community Survey 3-Year Estimates. 2021: UDOH Office of Public Health Assessment, Utah BRFSS. Population Estimates - US Census Bureau, 2011-2013 American Community Survey.

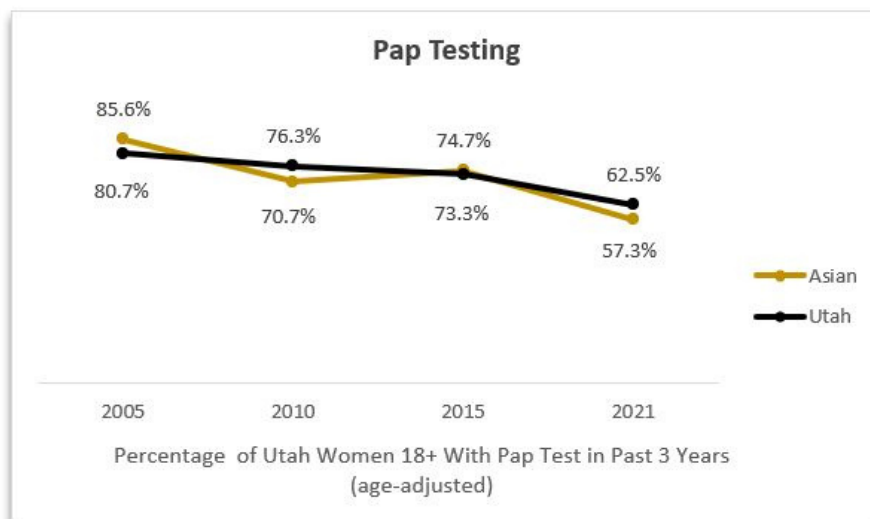
Preventive Services



Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Worsening

Rates of routine medical checkups have been slightly higher among Asian populations compared with Utah overall. Over time, the proportion of people who receive routine medical checkups has declined in both populations.

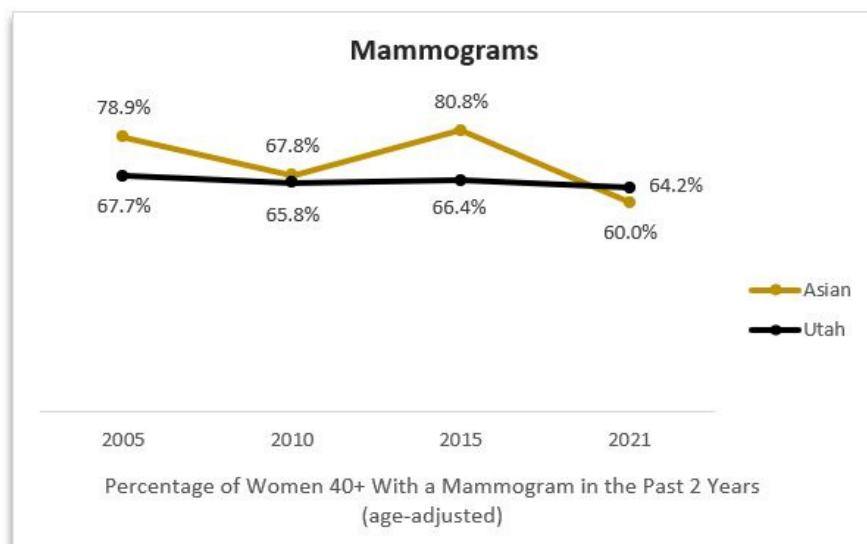
Sources—2005 Report: UDOH, 2001 Utah Health Status Survey; 2010 Report: Utah Healthcare Access Survey. Population Estimates – UDOH Office of Public Health Assessment, 2007; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS. Population Estimates - US Census Bureau, 2011-2013 ACS 3-Year Estimates. 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS. Population Estimates - US Census Bureau, 2011-2013 American Community Survey.



Health Disparity: Yes
Health Disparity Gap: Persistent
Health Trend: Worsening

Pap testing among Asian populations has fluctuated in comparison with Utah overall. Over time, the rate of Pap testing has declined in both populations. A health disparity emerged at different points in time for Asian populations over the past 20 years.

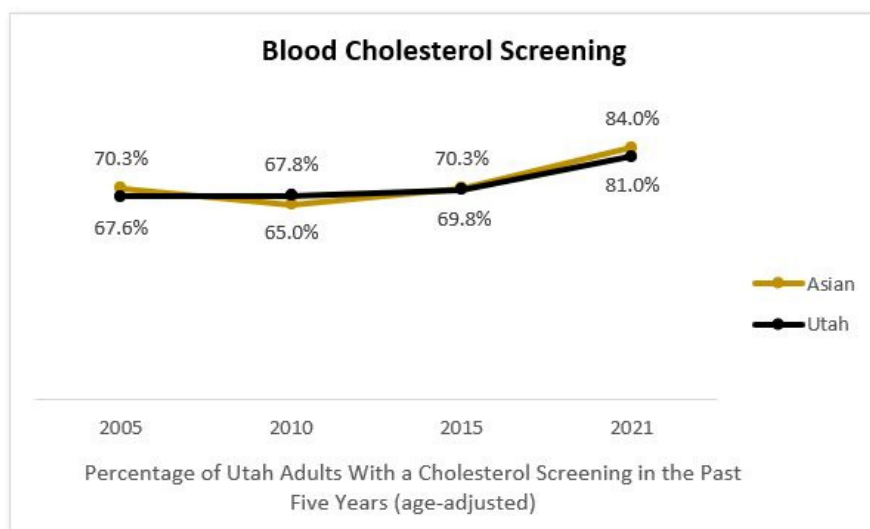
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2010 and 2012 American Community Survey 1-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2016, 2018, and 2019 American Community Survey 1-Year Estimates.



Health Disparity: **Yes**
 Health Disparity Gap: **Emerging**
 Health Trend: **Worsening**

The rate of mammography remained stable in the overall population of Utah women while the rate among Asian women fluctuated. Data reported in 2021 show fewer Asian women received mammograms than Utah women overall, creating a health disparity.

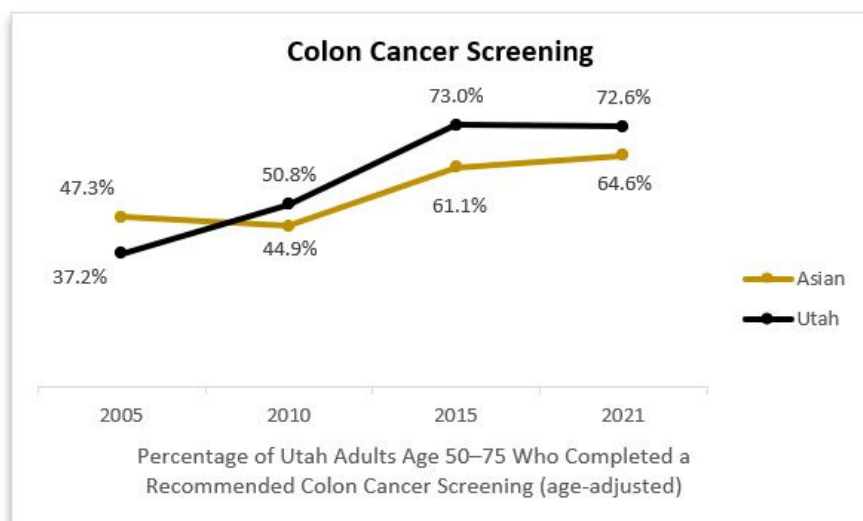
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

Over the past 20 years, the rate of cholesterol screening among Asian populations has tracked closely with Utah overall. Asian populations currently have a slightly higher rate of screening. Both populations show general improvement in cholesterol screening.

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017 and 2019 American Community Survey 1-Year Estimates.

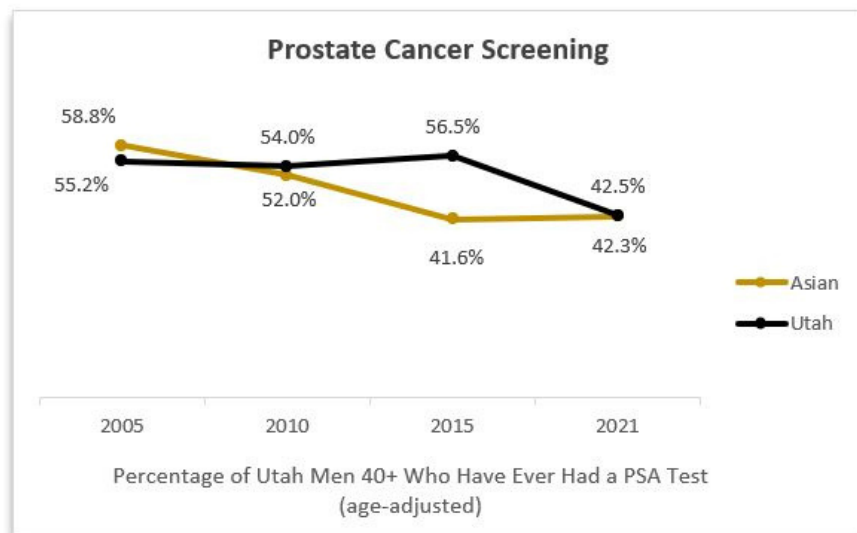


Note: Colon cancer screening was measured for ages 50+ for 2005, 2010, and 2015, and ages 50-75 for 2021.

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

Health Disparity: Yes
Health Disparity Gap: Persistent
Health Trend: Improving

While Asian populations had a higher rate of colon cancer screening in 2005 compared to the Utah overall, in the last decade the rate among Asian populations has been lower. Both populations have generally improved in their rate of colon cancer screening over time.

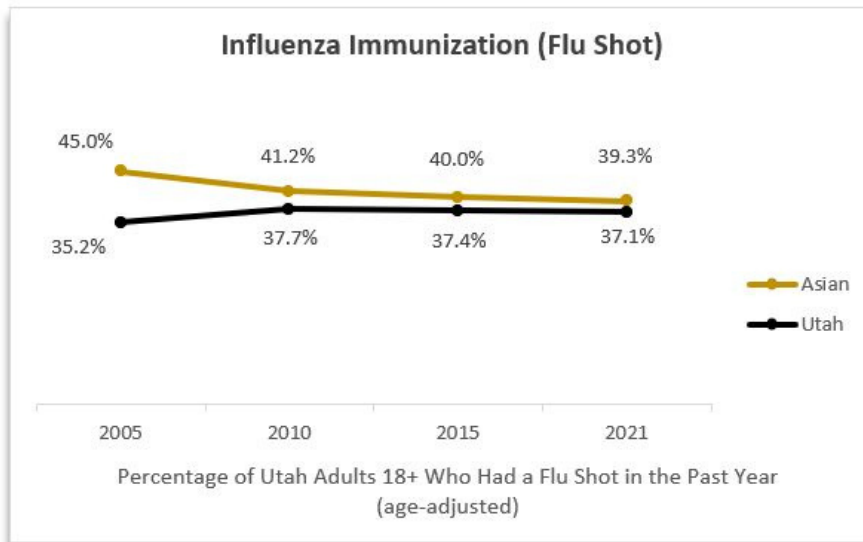


‡Reference: Public Health Indicator Based Information System (IBIS), Complete Health Indicator Report of Prostate Cancer Screening (2021) Cancer Control Program, Bureau of Health Promotion, Utah Department of Health. ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ProsCAscr.html

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

Health Disparity: Yes
Health Disparity Gap: Decreasing
Health Trend: Worsening

Rates of prostate-specific antigen (PSA) testing declined among Asian populations from 2005, with a similar trend in the overall Utah population 10 years later. PSA testing declined in general, which is expected since routine testing is no longer recommended[‡].

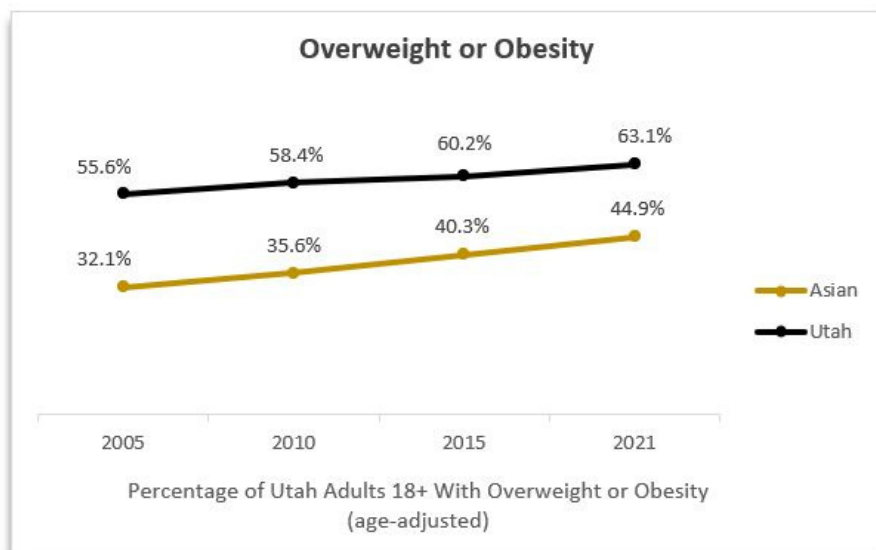


Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Worsening**

During the past 20 years, the rate of influenza immunization has been consistently higher among Asian populations compared to Utah overall. However, the immunization rate has been declining in Asian populations, while the rate in the population overall has slightly improved.

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2016–2019 American Community Survey 1-Year Estimates.

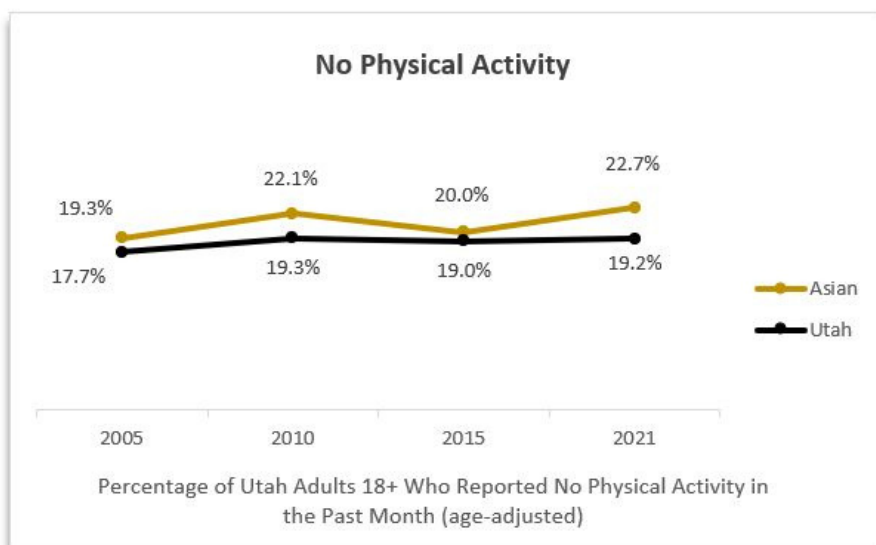
Physical Activity and Nutrition



Health Disparity: **No**
Health Disparity Gap: **N/A**
Health Trend: **Worsening**

Levels of overweight or obesity among Asian populations have been significantly lower compared with Utah overall. In both populations, the rate of overweight and obesity has steadily increased over time.

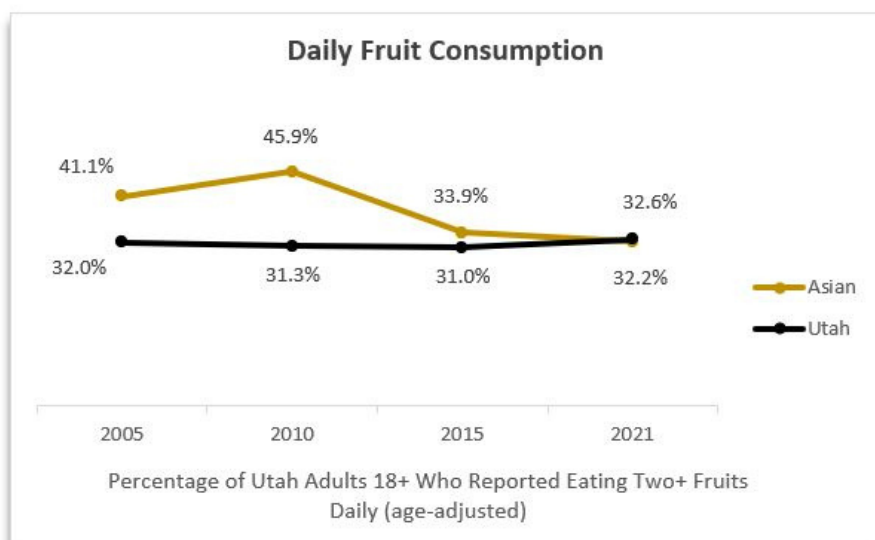
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.



Health Disparity: **Yes**
Health Disparity Gap: **Stable**
Health Trend: **Worsening**

Asian populations have had higher rates of no physical activity compared with Utah population. In both populations, rates of no physical activity have increased over the past 20 years.

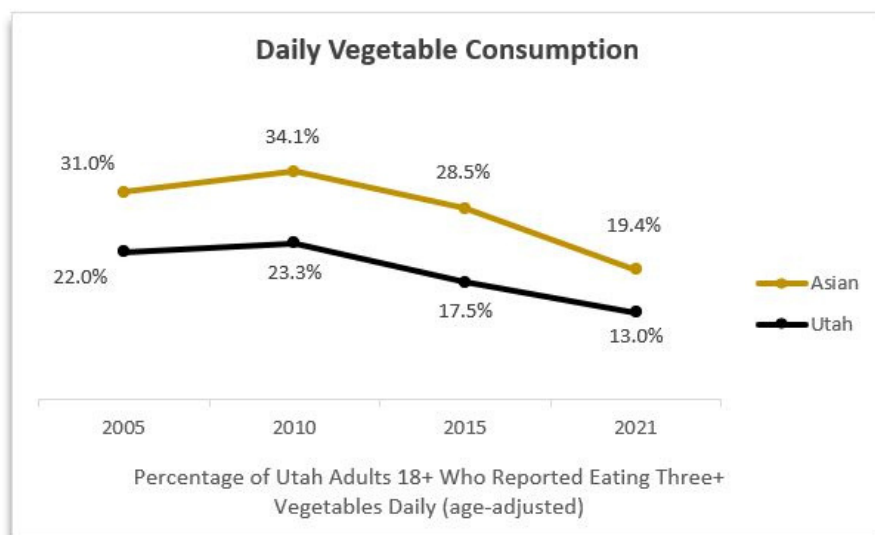
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Worsening**

Daily fruit consumption among Asian populations was higher compared with Utah overall. However, in the last decade, the rate among Asian populations reduced substantially and is currently on par with the Utah population overall.

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017 and 2019 American Community Survey 1-Year Estimates.

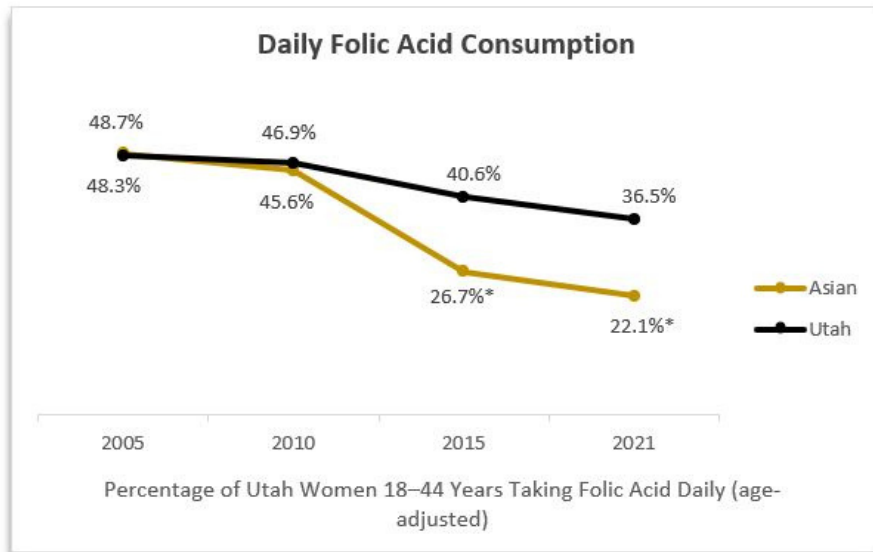


Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Worsening**

Daily vegetable consumption among Asian populations was significantly higher compared with Utah overall. However, both populations show a large decline in daily vegetable consumption over the past decade.

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005 - 2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017 and 2019 American Community Survey 1-Year Estimates.

Health of Mothers and Infants



**Insufficient relative standard error to meet UDOH standard for data reliability, interpret with caution*

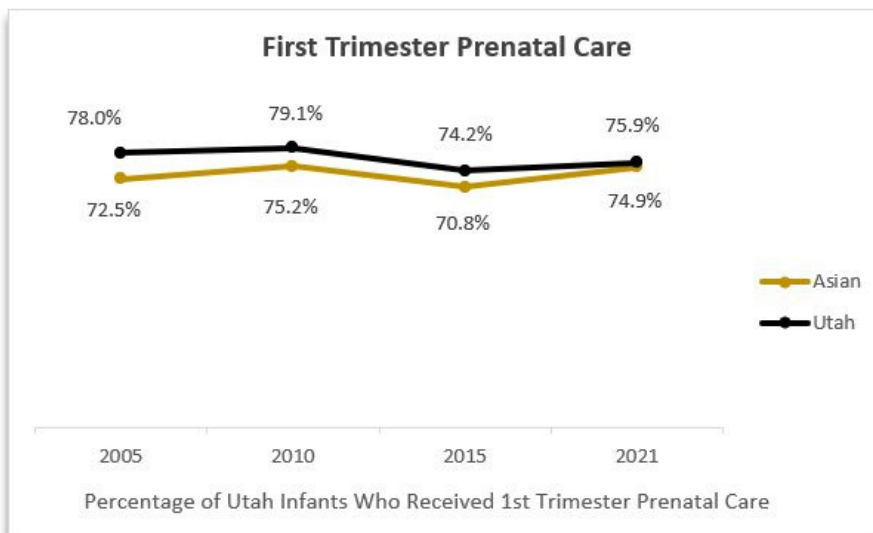
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2010 and 2012 ACS 1-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH.

Health Disparity: Yes

Health Disparity Gap: Increasing

Health Trend: Worsening

In 2005, Asian women ages 18-44 consumed daily folic acid at a similar rate to Utah women ages 18-44 overall. In the past decade however, the rate among Asian women decreased by more than half. The rate in the overall population has also steadily declined.



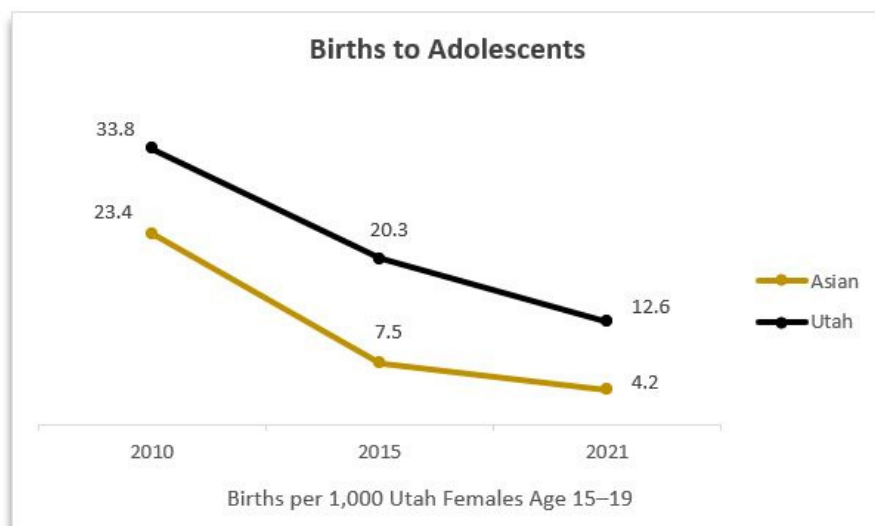
Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Birth Certificate Database; 2010 Report: Utah Birth Certificate Database; 2015 Report: Utah Birth Certificate Database, Office of Vital Records and Statistics, UDOH; 2021 Report: Utah Birth Certificates Database, Office of Vital Records and Statistics, UDOH. Population Estimates: 2016 and 2018 American Community Survey 1-Year Estimates.

Health Disparity: Yes

Health Disparity Gap: Decreasing

Health Trend: Stable

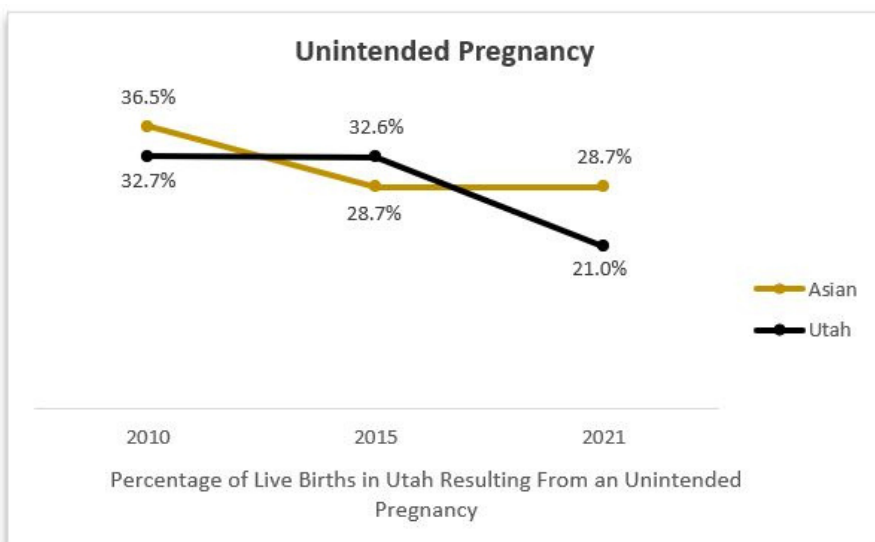
The proportion of Asian infants who received first trimester prenatal care has been lower than Utah infants overall who received first trimester prenatal care. In the past 20 years, the rate among Asian populations improved while the rate among the overall population declined.



Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Improving

Asian populations have had consistently lower rates of births to adolescents compared with Utah overall. The birth rate among adolescent Asian girls has declined over the past decade, which mirrors the trend in the birth rate for adolescent Utah girls overall.

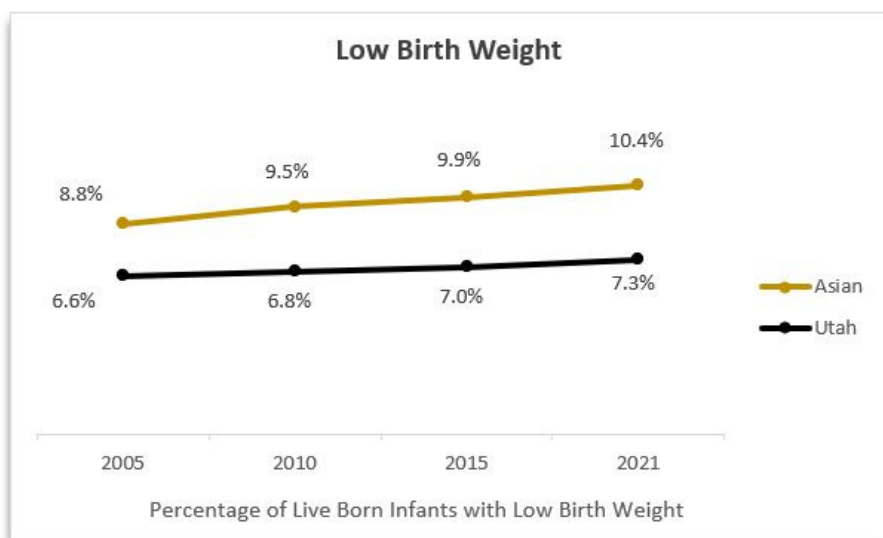
Sources—2010 Report: Utah Birth Certificate Database. Population Estimates: UDOH Office of Public Health Assessment; 2015 Report: Utah Birth Certificates Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Birth Certificates Database, Office of Vital Records and Statistics, UDOH.



Health Disparity: Yes
Health Disparity Gap: Increasing
Health Trend: Stable

The unintended pregnancy rate among Asian populations been since 2015. During this same period, the unintended pregnancy rate in the Utah population overall declined substantially, creating a health disparity gap. The unintended pregnancy rate has, in general, declined in both populations.

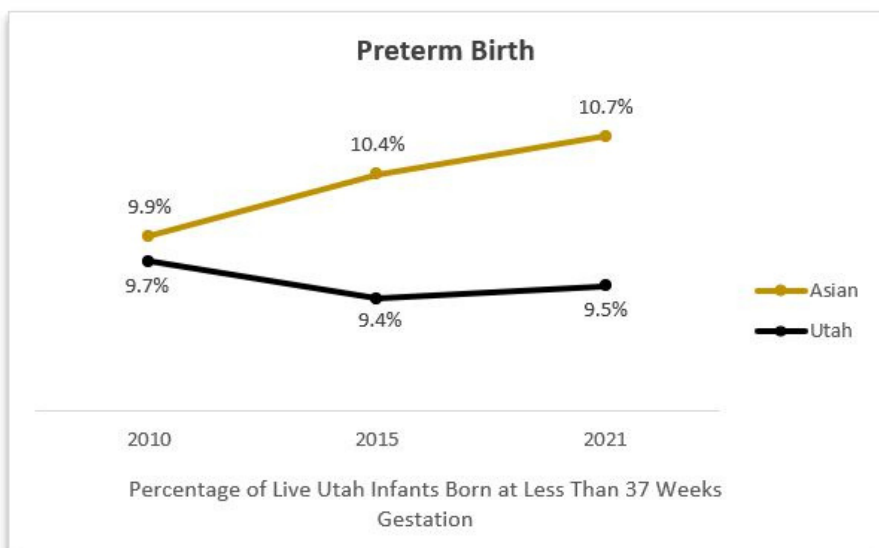
Sources—2010 Report: Pregnancy Risk Assessment Monitoring System. Average Annual Live Births Data: Utah Birth Certificate Database; 2015 Report: Utah Pregnancy Risk Assessment Monitoring System; 2021 Report: Utah Pregnancy Risk Assessment Monitoring System.



Health Disparity: Yes
Health Disparity Gap: Increasing
Health Trend: Worsening

The percentage of infants born with low birth weight is significantly greater among Asian populations compared with Utah overall. The percentage of infants born with low birth weight has increased over time and at a faster rate in Asian populations.

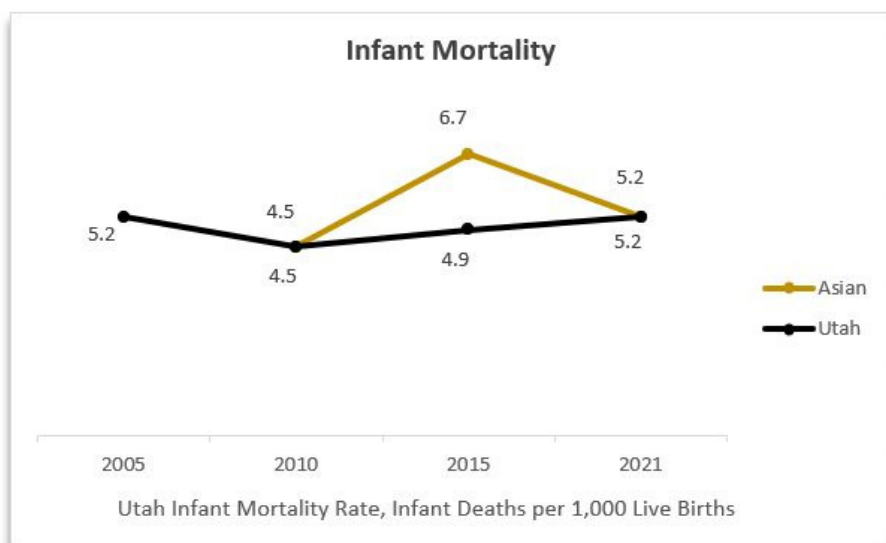
Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Birth Certificate Database; 2010 Report: Utah Birth Certificate Database; 2015 Report: Utah Birth Certificate Database; 2021 Report: Utah Birth Certificates Database, Office of Vital Records and Statistics, UDOH.



Health Disparity: Yes
Health Disparity Gap: Increasing
Health Trend: Worsening

The percentage of infants born prematurely is greater among Asian populations compared with Utah overall. The preterm birth rate has increased among Asian populations while remaining stable among Utah overall. This creates a worsening health disparity.

Sources—2010 Report: Utah Birth Certificate Database; 2015 Report: Utah Birth Certificate Database; 2021 Report: Utah Birth Certificates Database, Office of Vital Records and Statistics, UDOH.

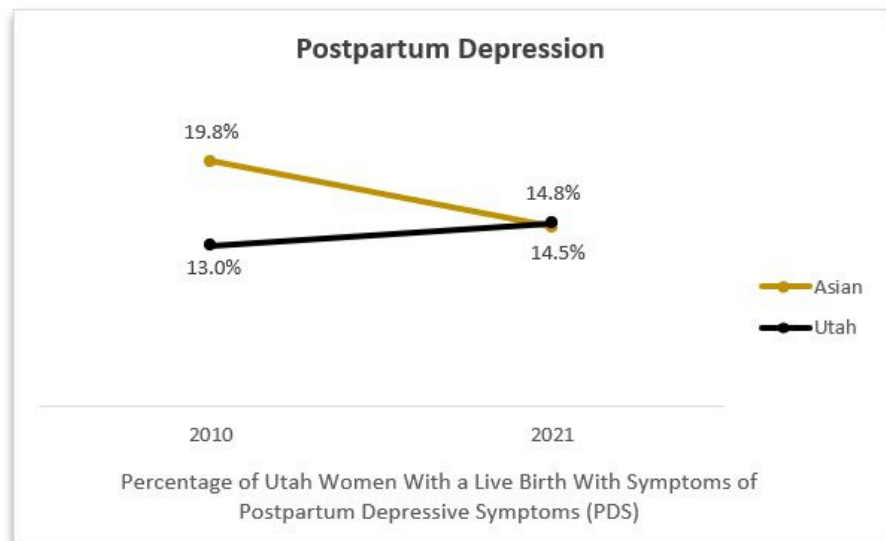


Health Disparity: **No**[‡]
 Health Disparity Gap: **N/A**
 Health Trend: **Worsening**

The rate of infant mortality was the same for Asian populations and Utah overall for data reported in 2010 and 2021. Since 2010, the infant mortality rate has worsened in Utah overall. The rate in Asian populations is unstable due to small numbers, making large fluctuations difficult to interpret.

[‡] Rates based on small numbers may fluctuate substantially from year to year; data reliability may be diminished and data should be interpreted with caution.

Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Birth Certificate Database; 2015 Report: Utah Linked Birth and Death Certificate Database (Birth Cohort), Office of Vital Records and Statistics, UDOH; 2021 Report: Utah Linked Birth and Death Certificate Database (Birth Cohort), Office of Vital Records and Statistics, UDOH.

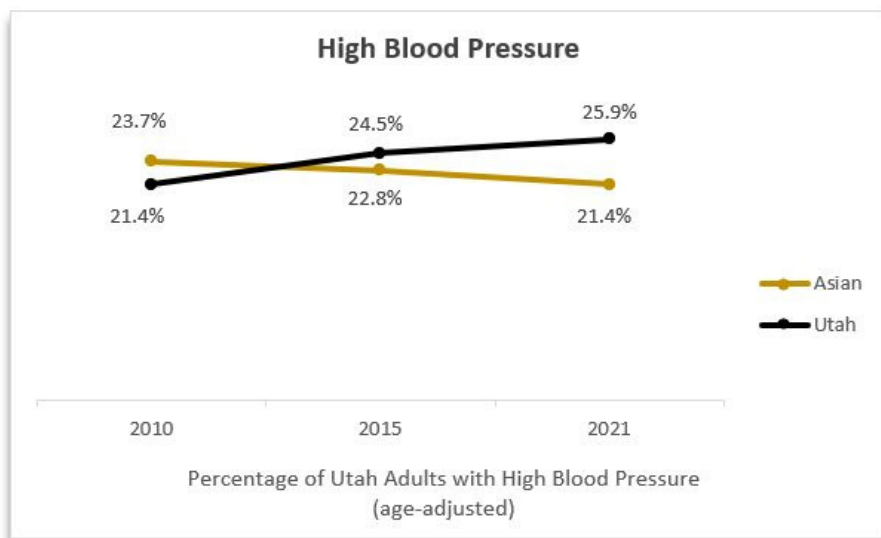


Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

The postpartum depression rate is currently similar in Asian populations and the Utah population overall. Postpartum depression among Asian populations declined since 2010 while slightly increasing among Utah overall during the same time period.

Sources—2010 Report: Pregnancy Risk Assessment Monitoring System. Average Annual Live Births Data: Utah Birth Certificate Database; 2021 Report: Utah Birth Certificates Database, Office of Vital Records and Statistics, UDOH.

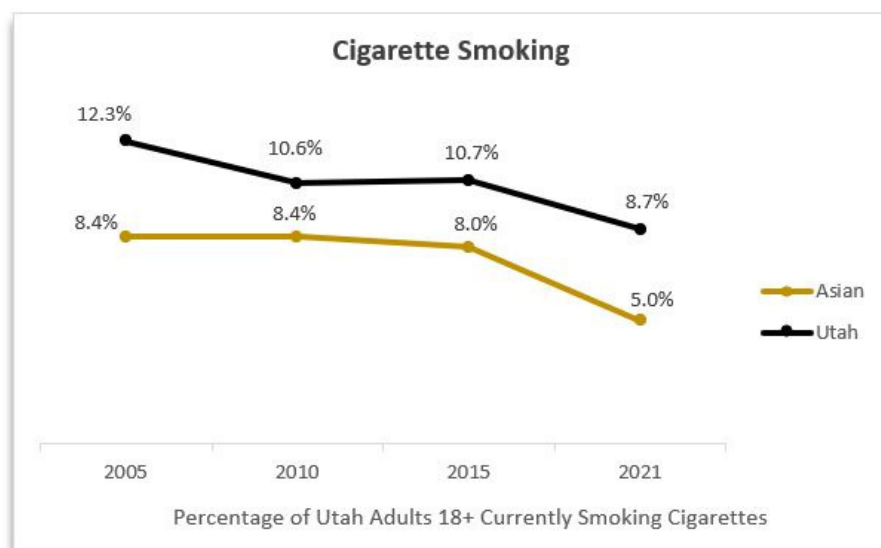
Risk Factors



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

High blood pressure rates are currently lower among Asian populations compared to Utah overall. Since 2010, the proportion of Utah adults overall with high blood pressure has increased while the proportion of Asian adults with high blood pressure has decreased.

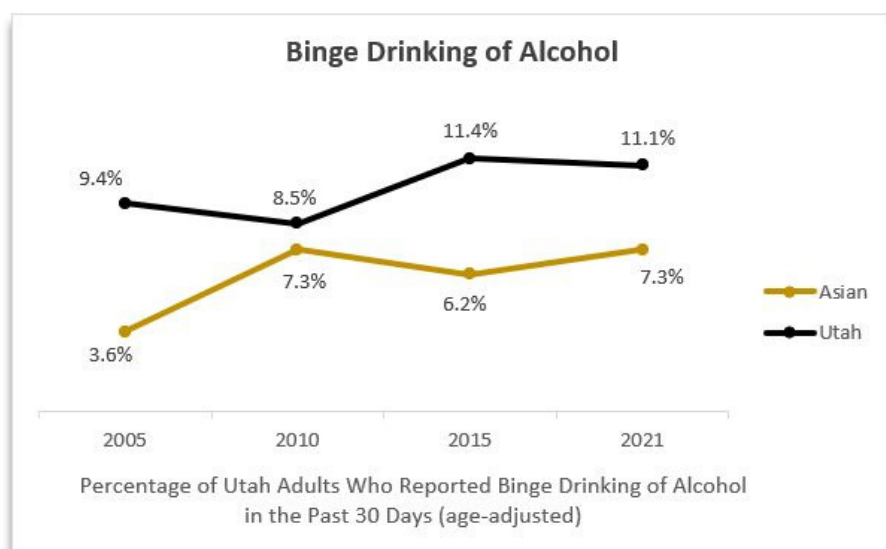
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017 and 2019 American Community Survey 1-Year Estimates.



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

The rate of cigarette smoking among Asian adults has been lower than the cigarette smoking rate among Utah adults overall for the past 20 years. Cigarette smoking rates in both populations are declining.

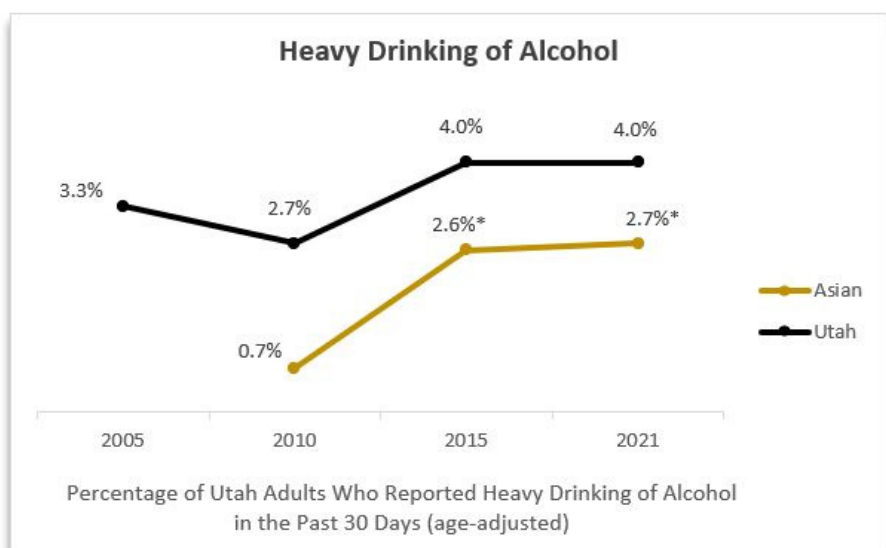
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.



Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Worsening

The rate of binge drinking of alcohol (consuming 4-5 or more drinks in two hours) is lower among Asian populations compared with Utah overall. The trend for binge drinking has increased in both populations in the past 20 years.

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011-2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.



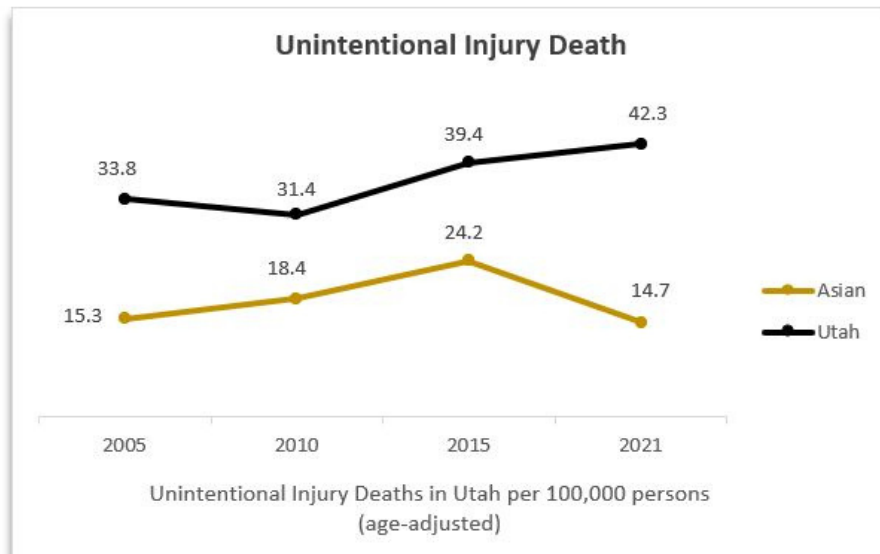
Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Worsening

Heavy drinking of alcohol is lower among Asian populations compared with Utah overall. The trend for heavy drinking (consuming 8+ alcoholic beverages per week for women and 15+ per week for men) has increased in both populations in the past 20 years.

*Insufficient relative standard error to meet UDOH standard for data reliability, interpret with caution

Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011-2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.

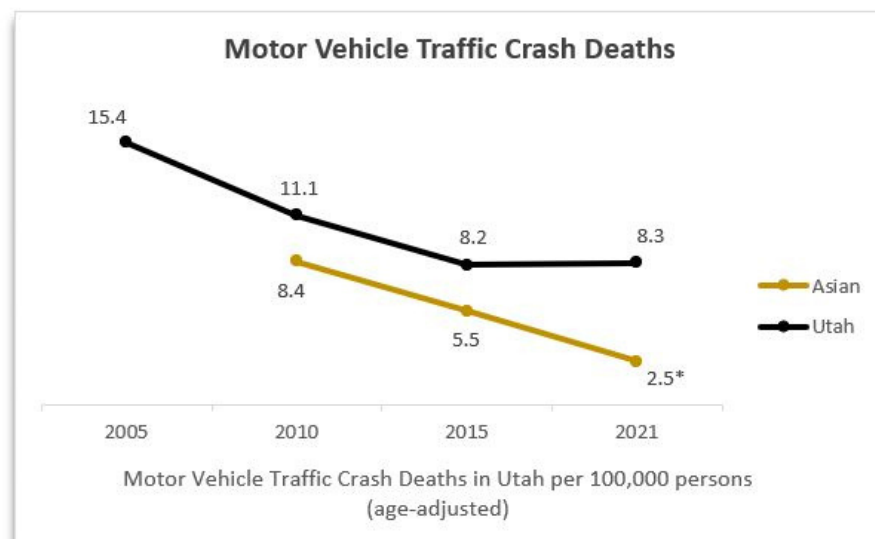
Injuries



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

Unintentional injury deaths among Asian populations is lower compared with Utah overall. Deaths have increased since 2005. Since 2015, unintentional injury deaths have continued to increase in Utah overall while starting to decrease among Asian populations.

Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment, 2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

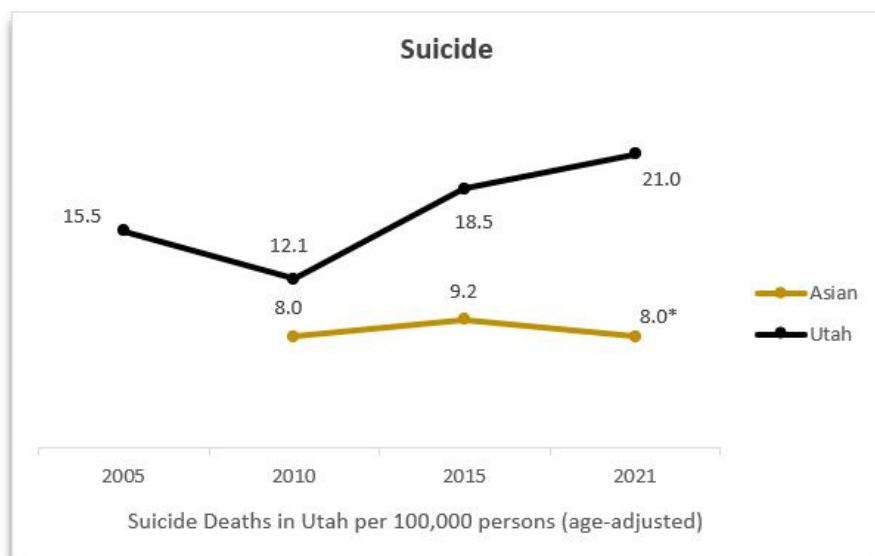


Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

The motor vehicle traffic crash (MVTC) death rate is lower among Asian populations compared with Utah overall. MVTC deaths have declined in both populations; however, since 2015, the rate of deaths has remained constant in the Utah population.

*Insufficient relative standard error to meet UDOH standard for data reliability, interpret with caution

Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment, 2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



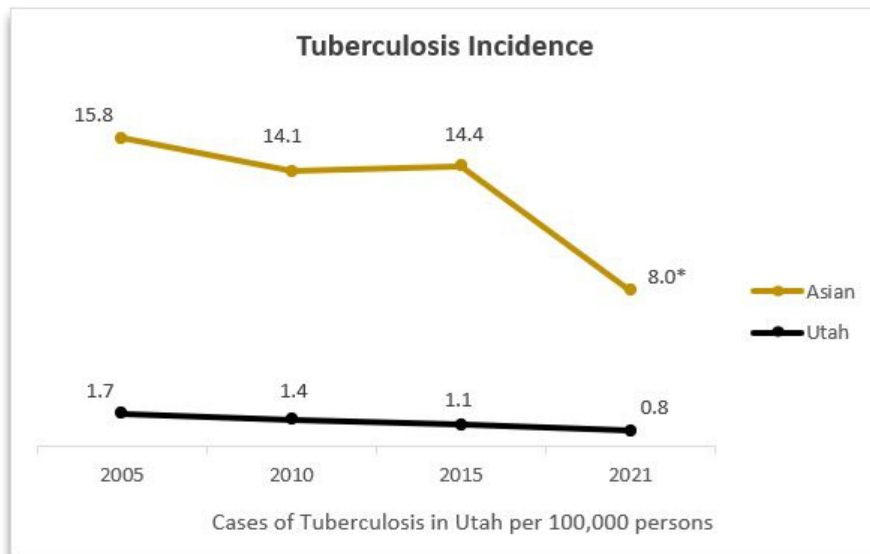
Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Stable**

The rate of suicide deaths has been lower among Asian populations compared with Utah overall. In the past decade, the suicide rate among Asian populations remained fairly constant while the rate in the overall population steadily increased.

**Insufficient relative standard error to meet UDOH standard for data reliability, interpret with caution*

Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: The Utah Violent Death Reporting System (UTVDRS). Population Estimates: UDOH Center for Health Data, IBIS 2005–2007; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

Infectious Diseases

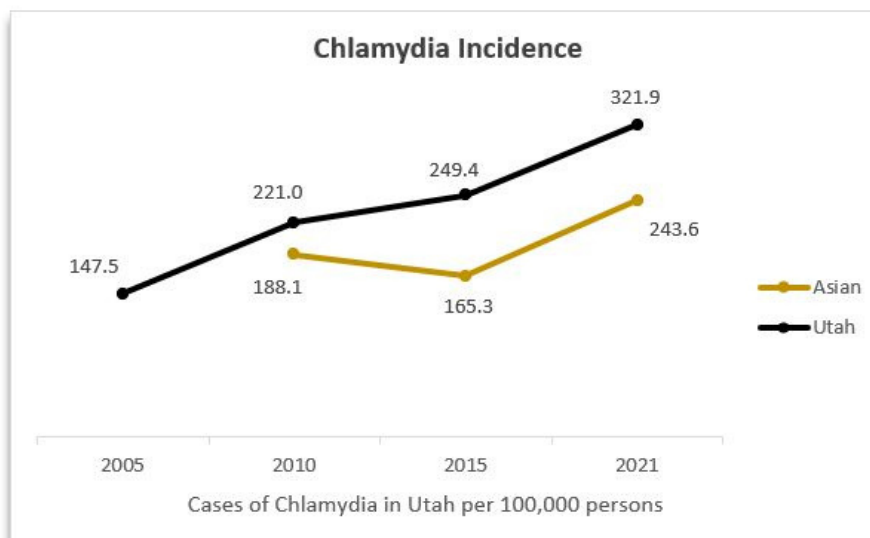


**Insufficient relative standard error to meet UDOH standard for data reliability, interpret with caution*

Sources—2005 Report: UDOH, Bureau of Communicable Disease Control; 2010 Report: UDOH Bureau of Epidemiology. Population Estimates: Governor's Office of Planning and Budget, 2008; 2015 Report: UDOH Bureau of Epidemiology; 2021 Report: Utah Department of Health, Bureau of Epidemiology. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

Health Disparity: Yes
Health Disparity Gap: Decreasing
Health Trend: Improving

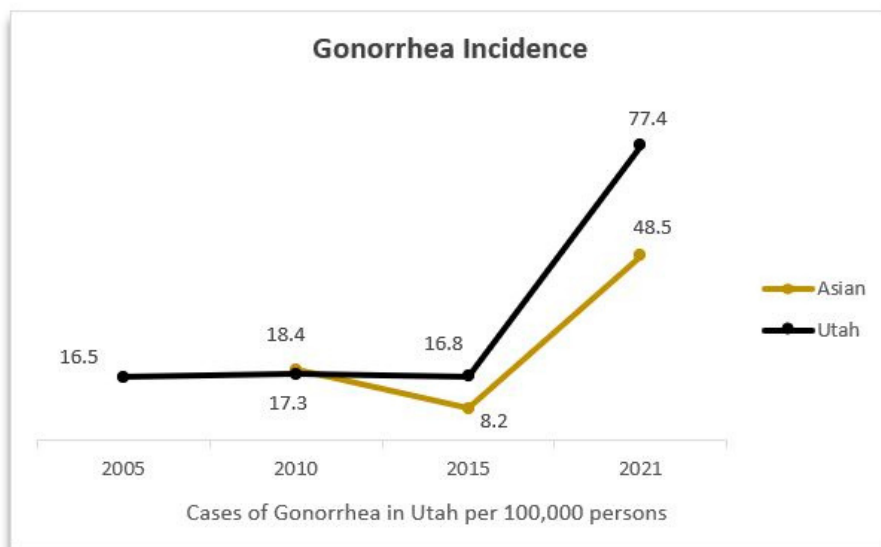
Tuberculosis incidence among Asian populations has been significantly higher compared with Utah overall. Since 2015, the tuberculosis incidence rate among Asian populations declined sharply. The rate in the overall population has also declined over time.



Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.

Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Worsening

Chlamydia incidence among Asian populations has been lower compared with Utah overall. However, chlamydia incidence rates are rising in both populations; since 2015, Asian populations experienced a nearly 50% increase in chlamydia incidence.



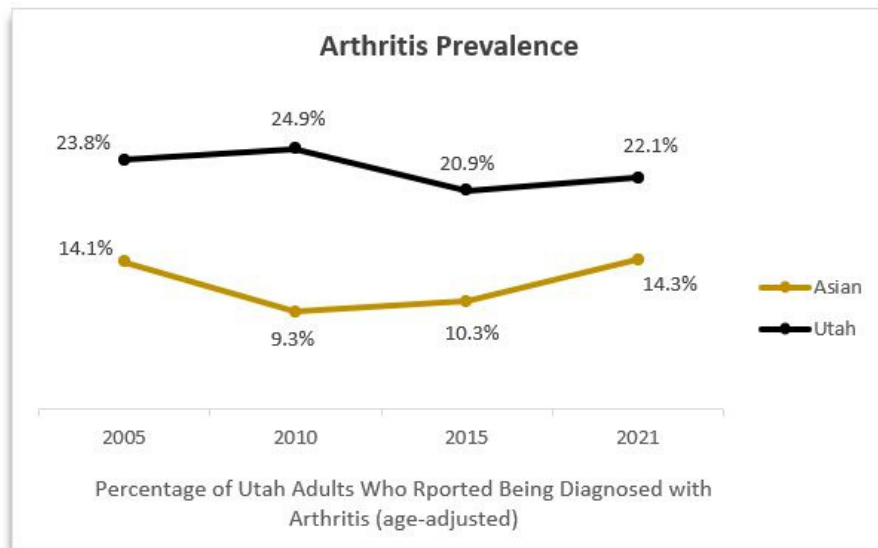
Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Worsening**

Gonorrhea rates in Asian populations have generally been lower than Utah overall in the past decade. When compared with 2015, gonorrhea rates in Asian populations are now 6x as high and are nearly 5x as high in Utah overall. This is at an all-time high for Utah due to a shift in gonorrhea epidemiology[‡].

‡Reference: 1. Watson J, Carlile J, Dunn A, et al. Increased Gonorrhea Cases — Utah, 2009–2014. *MMWR Morb Mortal Wkly Rep* 2016;65:889–893. DOI: <http://dx.doi.org/10.15585/mmwr.mm6534a1external icon>; 2. Public Health Indicator Based Information System (IBIS), Report of Gonorrhea Cases. (2022) Bureau of Epidemiology, Utah Department of Health. <https://ibis.health.utah.gov/ibisph-view/indicator/view/GonCas.html>

Sources—2005 Report: UDOH, Bureau of Communicable Disease Control; 2010 Report: UDOH Bureau of Epidemiology. Population Estimates: Governor's Office of Planning and Budget, 2008; 2015 Report: Utah Bureau of Epidemiology, UT-NEDSS Database. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Department of Health, Bureau of Epidemiology. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

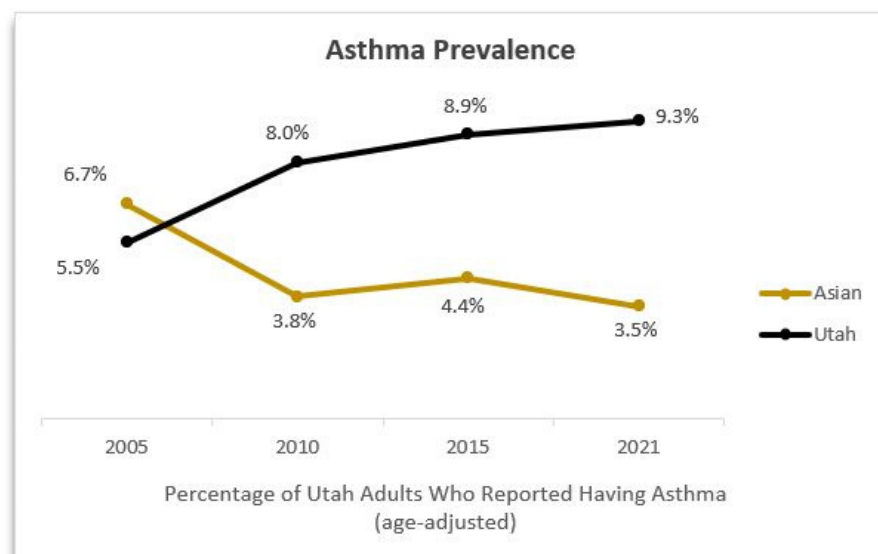
Chronic Diseases



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Worsening**

Arthritis prevalence is lower among Asian populations compared with Utah overall. The most common chronic health condition, arthritis prevalence among Asian populations has increased in the past decade.

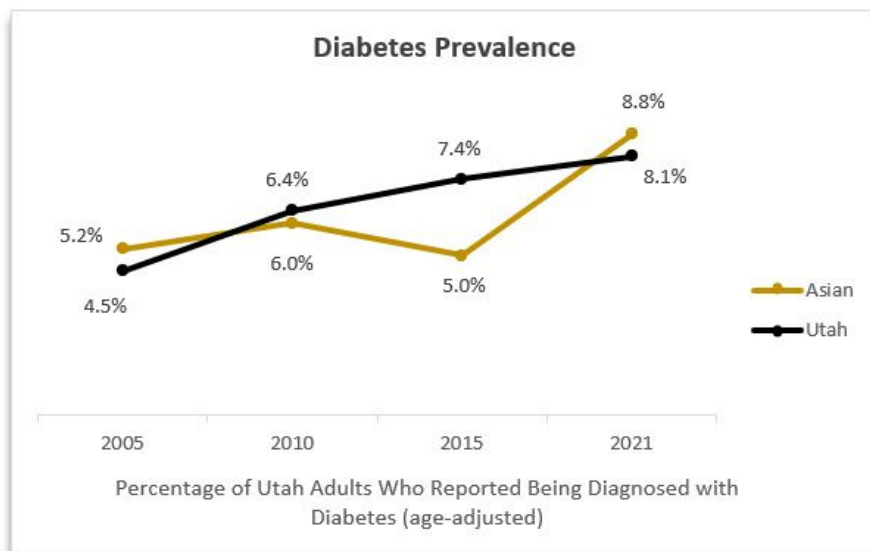
Sources—2005 Report: BRFSS; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

Asthma prevalence is lower among Asian populations compared with Utah overall. The prevalence of asthma has steadily increased in the Utah population overall while decreasing in Asian populations.

Sources—2005 Report: UDOH, 2001 Health Status Survey; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.

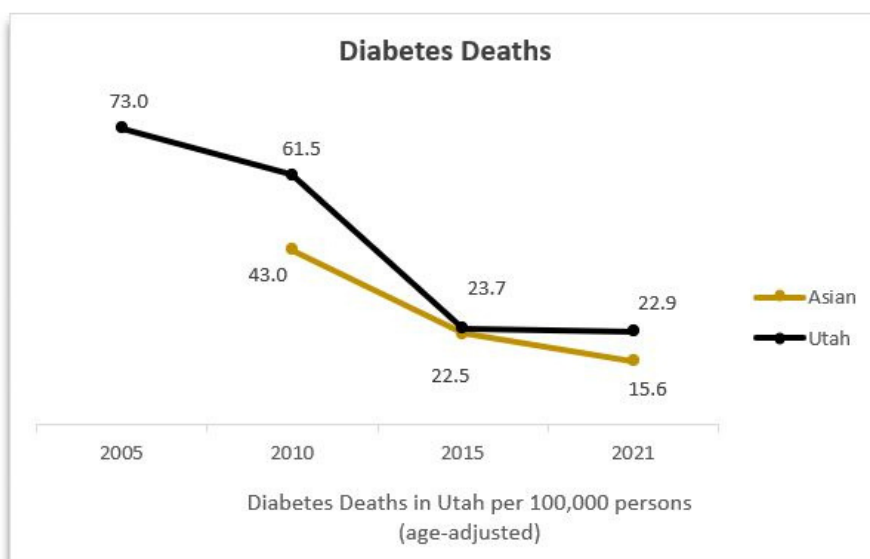


Health Disparity: **No[‡]**
 Health Disparity Gap: **N/A**
 Health Trend: **Worsening**

Diabetes prevalence in Utah overall has been increasing steadily in the past 20 years. In Asian populations, diabetes prevalence has generally increased. Due to small numbers, large fluctuations in rates may result from small differences in the number of cases from year to year.

[‡] Rates based on small numbers may fluctuate substantially from year to year; data reliability may be diminished and data should be interpreted with caution.

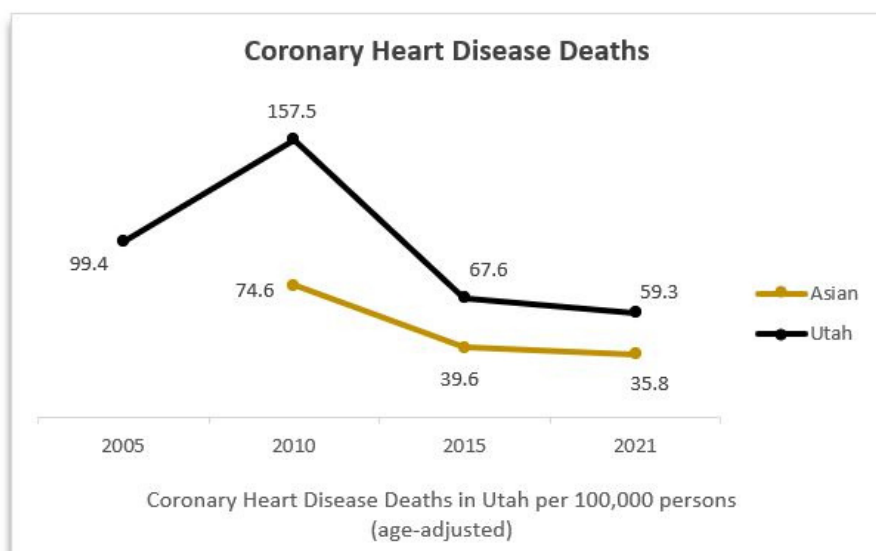
Sources—2005 Report: UDOH, 2001 Health Status Survey; 2010 Report: BRFSS; Population Estimates: UDOH Office of Public Health Assessment, 2005–2006; 2015 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: US Census Bureau, 2011–2013 ACS 3-Year Estimates; 2021 Report: Utah BRFSS, Office of Public Health Assessment, UDOH. Population Estimates: 2017–2019 American Community Survey 1-Year Estimates.



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

The diabetes death rate is lower among Asian populations compared with Utah overall. Both populations are experiencing a decline in the diabetes death rate; it has declined by nearly two-thirds in Asian populations since 2010.

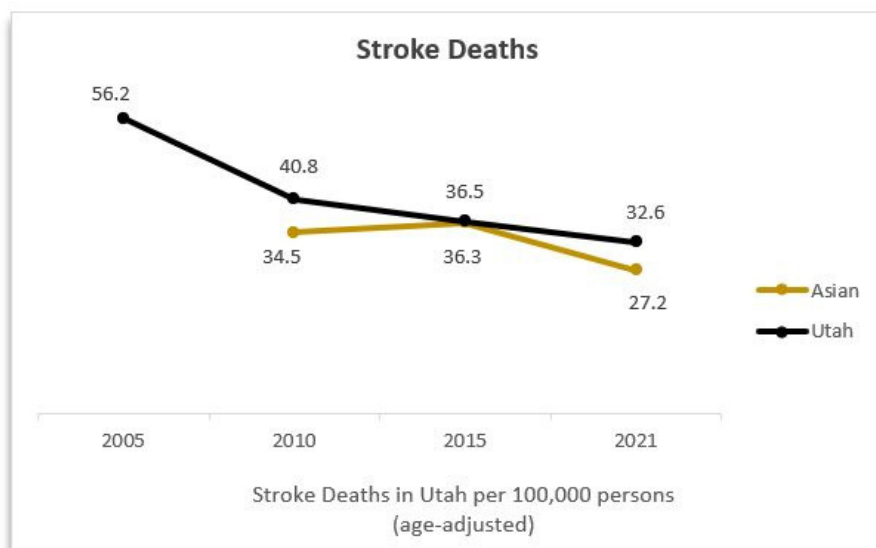
Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment, 2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment, 2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

Health Disparity: **No**
Health Disparity Gap: **N/A**
Health Trend: **Improving**

Coronary heart disease deaths are lower among Asian populations compared with Utah overall. Since 2010, both populations experienced a decline. The coronary heart disease death rate in Asian populations declined by more than 50% in the past decade.

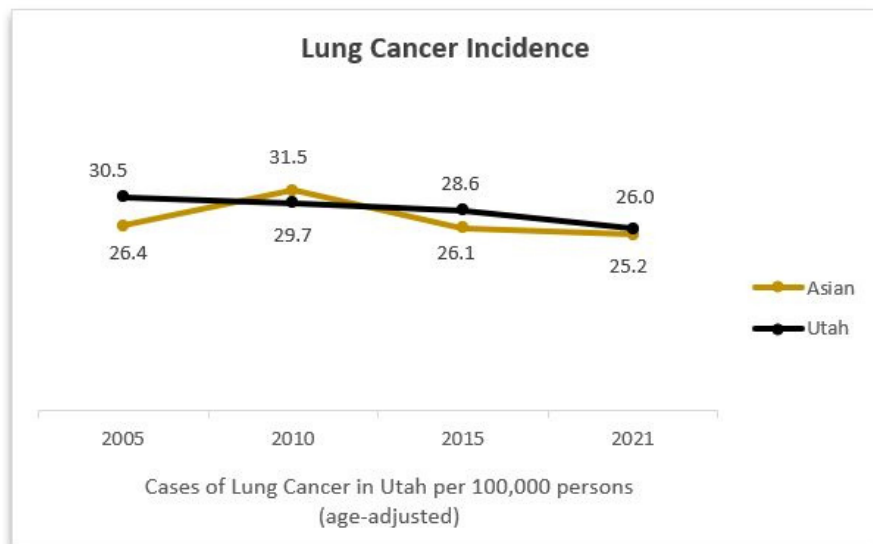


Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment, 2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.

Health Disparity: **No**
Health Disparity Gap: **N/A**
Health Trend: **Improving**

The stroke death rate is lower among Asian populations compared with Utah overall. The stroke death rate has declined in both populations.

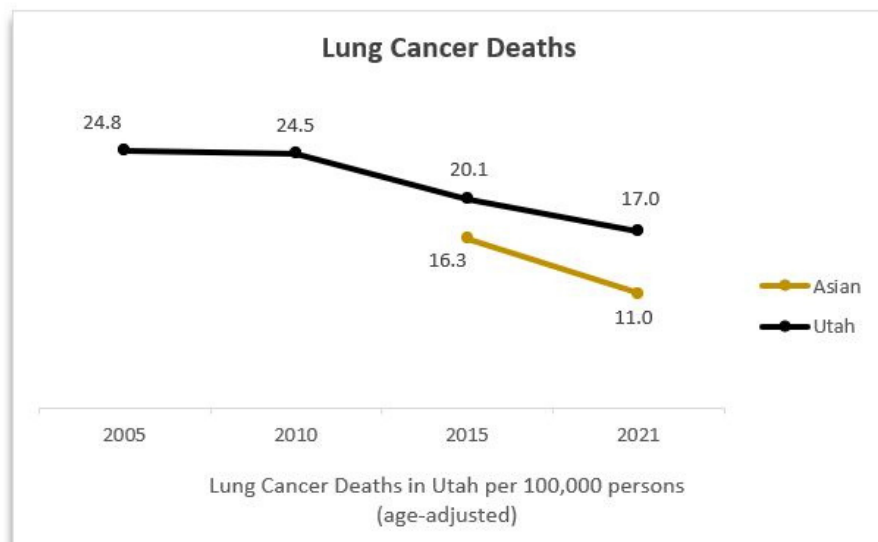
Cancer



Health Disparity: **No**
Health Disparity Gap: **N/A**
Health Trend: **Improving**

The lung cancer incidence rate is lower among Asian populations compared with Utah overall. Lung cancer incidence in the overall Utah population has declined in the past 20 years as well as in Asian populations over the past decade.

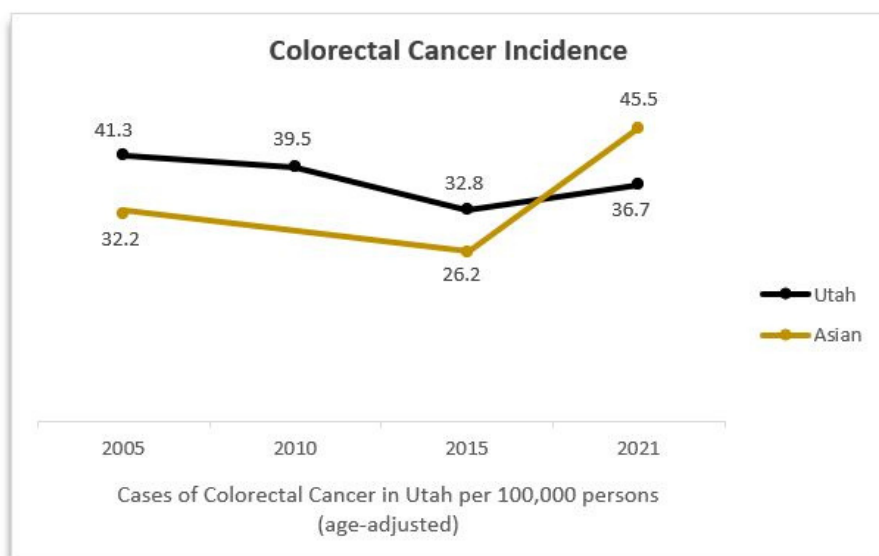
Sources—2005 Report: Utah Cancer Registry, SEER; 2010 Report: Surveillance, Epidemiology, and End Results (SEER) Program. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Health Disparity: **No**
Health Disparity Gap: **N/A**
Health Trend: **Improving**

The rate of lung cancer deaths is lower among Asian populations compared with the Utah overall. Lung cancer deaths are decreasing in both populations.

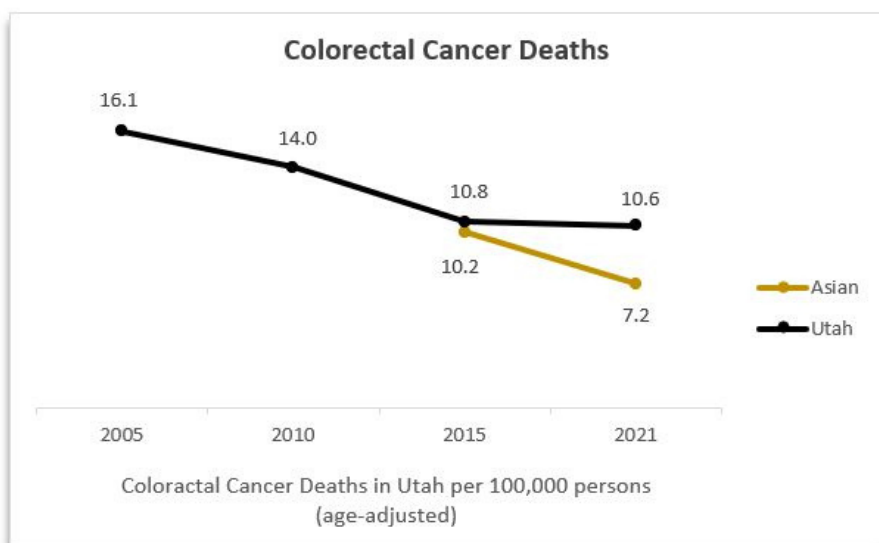
Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Cancer Registry, SEER. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Health Disparity: Yes
Health Disparity Gap: Increasing
Health Trend: Worsening

The incidence of colorectal cancer is higher among Asian populations compared with Utah overall. Since 2015, the number of new cases of colorectal cancer among Asian populations has increased sharply.

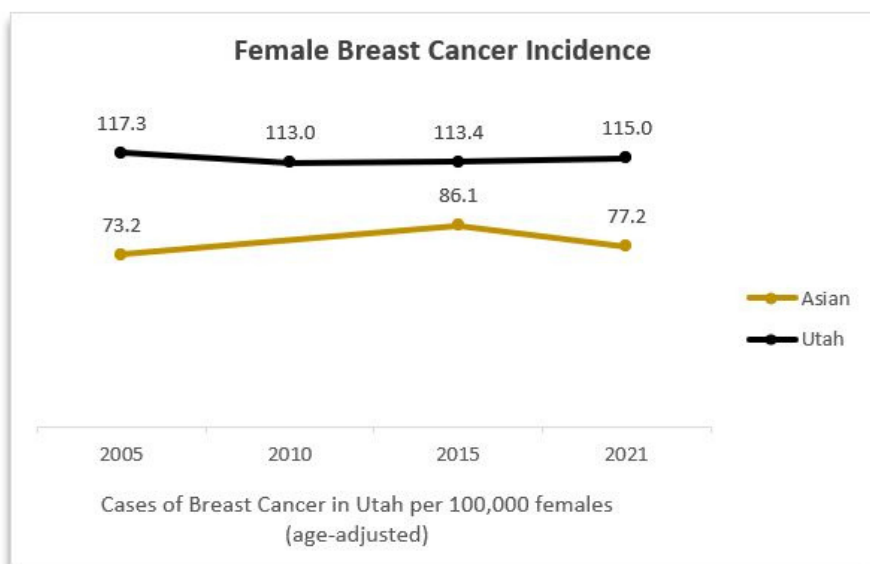
Sources—2005 Report: Utah Cancer Registry, SEER; 2010 Report: Utah Cancer Registry, SEER. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000-2006; 2015 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Improving

Invasive colorectal cancer death rates are lower among Asian populations compared with Utah overall. The number of deaths from colorectal cancer have decreased among Asian populations since 2015 and have remained steady among the Utah population overall.

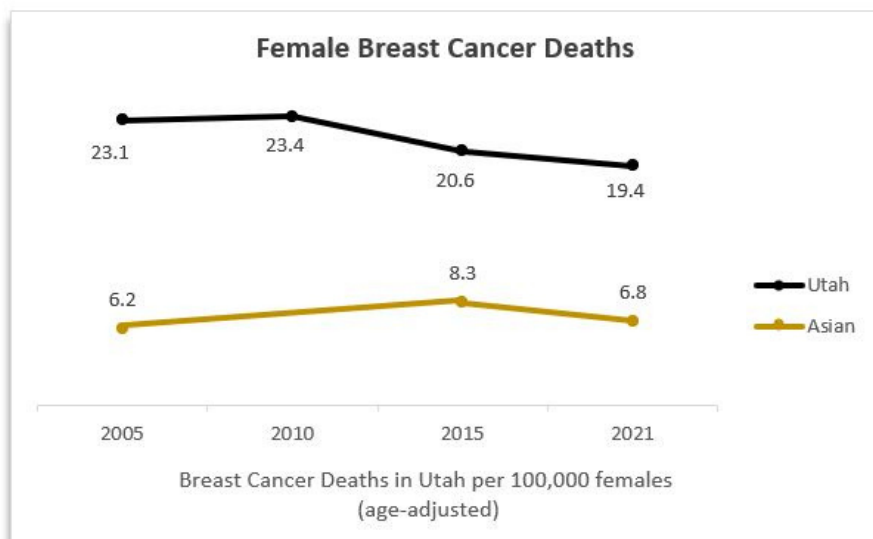
Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Cancer Registry, SEER. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000-2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Improving

Female breast cancer rates are lower among Asian populations compared with Utah overall. Between 2005 and 2015, the breast cancer rate in Asian populations increased. The rate has been decreasing since 2015.

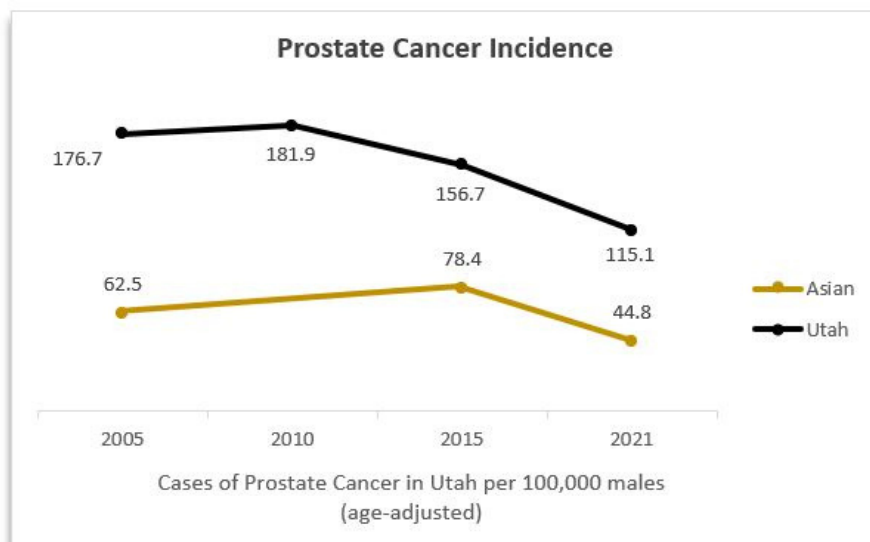
Sources—2005 Report: Utah Cancer Registry, SEER; 2010 Report: Utah Cancer Registry, SEER. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Health Disparity: No
Health Disparity Gap: N/A
Health Trend: Improving

The rate of deaths from breast cancer is lower among Asian females compared to the overall Utah female population. Deaths from breast cancer have been declining in the overall Utah female population during the past decade.

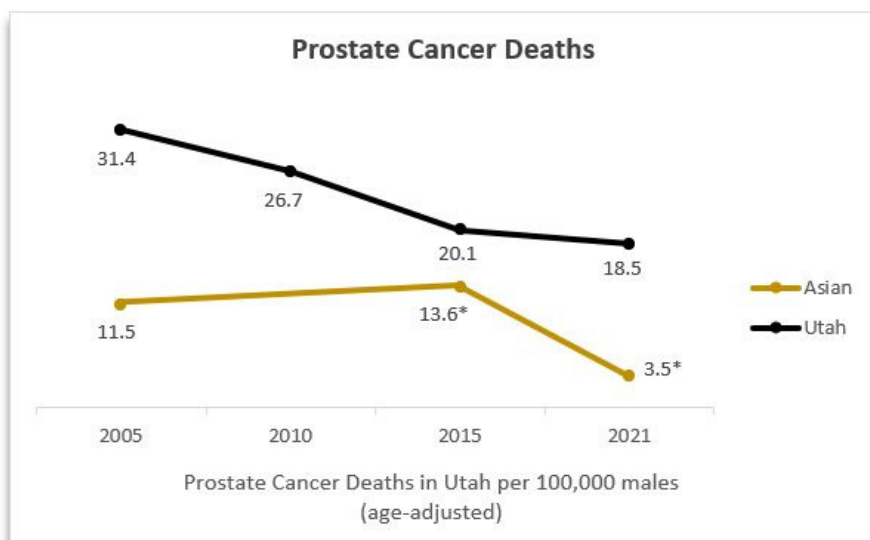
Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Cancer Registry, SEER. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

Prostate cancer incidence rates are lower among Asian male populations compared to the overall Utah male population. Incidence of prostate cancer has been declining in the Asian population since 2015 and in Utah overall since 2010.

Sources—2005 Report: Utah Cancer Registry, SEER; 2010 Report: Utah Cancer Registry, SEER. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.



Health Disparity: **No**
 Health Disparity Gap: **N/A**
 Health Trend: **Improving**

The prostate cancer death rate is lower among Asian male populations compared with the overall Utah male population. Prostate cancer deaths have been declining in Asian populations since 2015 and in the overall Utah population since 2005.

Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database; 2010 Report: Utah Cancer Registry, SEER. Population Estimates: U.S. Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, US Census Bureau, IBIS Version 2019.